

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners Committee
124 Halsey Street, 6th Floor, P.O. Box 45044
Newark, New Jersey 07101
(973) 504-6582

What are you applying for?

- ☐ Authorization to sit for the National Counselor Exam
- ☐ Licensure as an Associate Counselor
- ☐ Licensure as a Professional Counselor
- ☐ Licensure as a Rehabilitation Counselor

Application for Licensure Professional Counselor/Rehabilitation Counselor/Associate Counselor

Date : _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

Application Categories

I hereby apply for the following type of license: (Please check the appropriate boxes.)

☐ **Licensed Professional Counselor (L.P.C.)**

Educational Requirements: Completion of a minimum of 60 graduate semester hours in a planned educational program, which includes a master's degree or doctorate in counseling from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3.

Supervised Experience (Check One):

☐ **Option A**

4,500 hours

Examination required:

National Counselor Examination (N.C.E.)

☐ **Option B**

3,000 hours + 30 graduate semester hours beyond the master's degree in areas clearly related to counseling.

Examination required:

National Counselor Examination (N.C.E.)

- ☐ I will be applying for a **specialty designation(s)**. (If you put a check in this box, a separate Application for Specialty Designation will be mailed to you after it has been determined whether you are eligible to become a licensed professional counselor or a licensed rehabilitation counselor.)

Please indicate the specialty designation(s) for which you will be applying by placing a check in the appropriate box(es).

☐ Clinical Mental Health

☐ Addictions

☐ Career

☐ School Counselor

☐ Gerontology

☐ **Licensed Rehabilitation Counselor (L.R.C.)**

Educational Requirements: Completion of a master's degree in rehabilitation counseling from a regionally accredited institution of higher education, which includes course work in the identified areas set forth at N.J.A.C. 13:34-21.2(a).

Supervised Experience (Check One):

☐ **Option A**

4,500 hours

Examination required:

Certified Rehabilitation Counselor Examination (C.R.C.E.)

☐ **Option B**

3,000 hours + 30 graduate semester hours beyond the master's degree in areas clearly related to rehabilitation counseling as set forth in N.J.A.C. 13:34-21.2(a)1 through (a)10.

Examination required:

Certified Rehabilitation Counselor Examination (C.R.C.E.)

☐ **Licensed Associate Counselor (L.A.C.)**

Educational Requirements: Completion of a minimum of 60 graduate semester hours in a planned educational program, which includes a master's degree or doctorate in counseling from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3.

Supervised Experience: Not required for licensure as a licensed associate counselor.

Examination required:

National Counselor Examination (N.C.E.)

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a professional, rehabilitation or associate counselor” is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable counseling judgments and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and professional information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a professional, rehabilitation or associate counselor with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you taken the National Counselor Examination? ☐ Yes ☐ No

If "Yes," did you pass the examination? ☐ Yes ☐ No

A copy of your exam scores is required. Please have the National Board of Certified Counselors forward an official copy directly to the Committee.

9. Have you taken the Certified Rehabilitation Counselor Examination? ☐ Yes ☐ No

If "Yes," did you pass the examination? ☐ Yes ☐ No

A copy of your exam scores is required. Please have the Commission on Rehabilitation Counselor Certification forward an official copy directly to the Committee.

10. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

11. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

12. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

13. Have you ever been cited for disciplinary reasons or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Have you ever been named as a defendant in any litigation related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

19. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. List the regionally accredited graduate school(s) you have attended, beginning with the most recent.

Note: All graduate degrees and course work must be documented by a certified true copy of the official transcript.

Check one: ☐ Enclosed ☐ Requested, to be sent separately

No action will be taken on your application until all transcripts have been received.

Month	Year		Month	Year	Name and address of college or university	Degree, Diploma or Certificate (if any)
_____	_____	to	_____	_____	_____	_____
					_____	_____
					_____	_____
_____	_____	to	_____	_____	_____	_____
					_____	_____
					_____	_____
_____	_____	to	_____	_____	_____	_____
					_____	_____
					_____	_____
_____	_____	to	_____	_____	_____	_____
					_____	_____
					_____	_____
_____	_____	to	_____	_____	_____	_____
					_____	_____
					_____	_____

Experience

(To be completed by applicants for licensed professional counselor and licensed rehabilitation counselor only; see attached supervision form.)

a.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision
From _____ to _____			
Month	Year	Month	Year

Description of job functions and responsibilities:

b.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision
From _____ to _____			
Month	Year	Month	Year

Description of job functions and responsibilities:

c.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision

From _____ to _____
Month Year Month Year

Description of job functions and responsibilities:

d.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision

From _____ to _____
Month Year Month Year

Description of job functions and responsibilities:

Professional Counselor/Associate Counselor Applicant Course Work Check Sheet

As set forth in N.J.A.C. 13:34-10 through 28, the 60 graduate semester hours in course work will include 45 graduate semester hours distributed in eight of the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Do not list a course more than once.

Area	Course title	Hours <small>(Indicate semester or quarter hours)</small>	College/University
Counseling theory and practice.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
The helping relationship.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Human growth and development, and maladaptive behavior.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Lifestyle and career development.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Group dynamics, processing, counseling and consulting.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Appraisal of individuals.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Social and cultural foundations.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Research and evaluation.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
The counseling profession.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____

Total hours _____

Licensed Rehabilitation Counselor Applicant Course Work Check Sheet

As set forth in N.J.A.C. 13:34-10 through 28, the master's degree in rehabilitation counseling will include course work in the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Do not list a course more than once.

Area	Course title	Hours (Indicate semester or quarter hours)	College/University
Introduction to rehabilitation counseling.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Counseling theories and techniques.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Personality theories.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Psychosocial aspects of disability.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Medical aspects of disability.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Evaluation and assessment.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Vocational aspects of disability.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Rehabilitation case management.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Research methods.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
Practicum or internship.	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____

Total hours _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

I, _____, in making this application to the Professional Counselor Examiners Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Professional Counselor Examiners Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:8B-34 et seq., together with the Rules and Regulations of the Professional Counselor Examiners Committee, N.J.A.C. 13:34-10.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here